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Express eposited with the United base mail in an envelope ove, or being facsimile indicated below. (Depositor's name) (Signature) PO BOX 450A ೩005 (Date) CA 95052 SANTA CLARA APPLICATION NO. **FILING DATE** CONFIRMATION NO. FIRST NAMED INVENTOR ATTORNEY DOCKET NO. 09/974,571 M-11920 US 10/09/2001 Peter G. Borden 1003 TITLE OF INVENTION: CALIBRATION AS WELL AS MEASUREMENT ON THE SAME WORKPIECE DURING FABRICATION 07/07/2005 WASFAW2 00000035 09974571 01 FC:1501 1400.00 OP SMALL ENTRY OE FC: APPLN. TYPE ISSUE FEE-**PUBLICATION FEE** TOTAL FEE(S) DUE **DATE DUE** nonprovisional NO \$1400 \$300 \$1700 07/07/2005 **EXAMINER ART UNIT CLASS-SUBCLASS** STOCK JR, GORDON J 2877 356-326000 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list ISILICON VALLEY PATENT GROUP CFR 1.363). (1) the names of up to 3 registered patent attorneys Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. SEE ABOVE or agents OR, alternatively, (2) the name of a single firm (having as a member a "Fee Address" indication (or "Fee Address" Indication form registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer listed, no name will be printed. Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) MATERIALS, INC. APPLIED SANTA CLARA, CALIFORNIA Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government 4a. The following fee(s) are enclosed: 4b. Payment of Fee(s): Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. -and any underpayment Advance Order - # of Copies ____ The Director is hereby authorized by charge the required fee(s) or credit any overpayment, to Deposit Account Number 50-2263 (enclose an extra copy of this form). 5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. □ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office. Authorized Signature Registration No. 36, 320 SURYADEVARA Typed or printed name OMKAR

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